

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6136

Reg. Diat. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 22 YearsHospital, institution, or street address where death occurred:
6 William Street

How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 6 William Street
(If rural, give LOCATION)

2. (a) If veteran, name war - - - -

3. (a) FULL NAME

Jessie Florence Giles Barnett

3. (b) Social Security Number

- - - -

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Edward H. Barnett6. (c) If alive, give age 49 years7. Birth date of deceased (mo., day, yr.) July 12, 19038. AGE: Years 44 Months 11 Days 6 It less than one day
hrs. min.9. Birthplace Hillsboro, North Carolina
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name Jessie A. Giles13. Birthplace North Carolina14. Maiden name Florence Cullen15. Birthplace North Carolina16. Informant Mrs. William R. SowersAddress Cambridge, Maryland.17. Burial Date thereof June 19, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial Park,Location Cambridge, Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 19, 1948 John M. [Signature]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 19 48 at 6 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X 19 48 to X X 19 48and that I last saw him alive on X X 19 48Immediate cause of death Disease of Coronary ArteriesDue to sudden death

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jo K. Shriver - Dep. Med. Com.
M. D. or otherAddress Cambridge, Md. Date signed June 17/48

RECEIVED

JUN 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs., 4 mos., 9 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 2 yrs., 4 mos., 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
City or town Perryville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Mary Florence Bienes

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife _____
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 79 Months ? Days ? If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation housekeeper

11. Industry or business _____

12. Name Franklin Bienes

13. Birthplace Maryland

14. Maiden name Elisha Elliott

15. Birthplace Ireland

16. Informant Eastern Shore State Hospital Records
Address Cambridge, Maryland

17. Burial Date thereof 6-25-48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory St. Mark's Cemetery

Location Perryville R. 71. D.

18. Funeral director Lee A. Patterson & Son

Address Perryville Md

19. 6-24-48 Joan Mays
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1948 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 15 1946 to June 24 1948
and that I last saw her alive on June 24 1948

Immediate cause of death Cerebral Arteriosclerosis
DURATION more than 2 yrs

Due to senility

Due to Chronic myocarditis & myocardial degeneration

Other conditions Psychosis with cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branscombe
Grace M. Branscombe, M.D. M. D. or other

Address Cambridge, Maryland Date signed 6/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for addition of
birth date and age shown

MARYLAND STATE DEPARTMENT OF HEALTH

6138

on:

2411 N. Charles St., Baltimore

83a

FILM No. G 11 JUN 23 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life
Hospital, institution, or street address where death occurred:
High St. Extended
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. High St. Extended
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Della Baller (BOWLEY)

3. (b) Social Security Number

4. Sex female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Madger Baller
7. Birth date of deceased (mo., day, yr.) Sep 12 1877 (approx.) 6. (c) If alive, give age 69 years

8. AGE: Years approx. 70 Months 0 Days 0 It less than one day 0 hrs. 0 min.

9. Birthplace Church Creek
(Town, county, and state)

10. Usual occupation Laboer

11. Industry or business none

12. Name don't know

13. Birthplace nd

14. Maiden name Emmely Henry

15. Birthplace nd

16. Informant Robert Prinder

Address Cambridge

17. Cambridge Date thereof June 19
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Walle Cemetery

Location Cambridge nd

18. Funeral director Levin H. Bayne

Address Cambridge nd

19. 6-19-48 John Mace
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 1948 to X 1948

and that I last saw h. X alive on X 1948

Immediate cause of death Paralysis

Due to Coronal Hemorrhage

Due to 4-5 gm

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. K. Shivers M. D. or other

Address Cambridge nd Date signed June 17/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1877
70
1947

RECEIVED
JUN 21 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

4 years 8 days

Hospital, institution, or street address where death occurred:

Cambridge-Maryland Hospital

How long in hospital or institution?

7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 26 Center St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Ernestine Chester

3. (b) Social Security Number

4. Sex

fem.

5. Color or race

col.

6. (a) Single, married, widowed, or divorced

child, single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June 5, 1944

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

4

7

hrs.

min.

9. Birthplace Cambridge, Dorchester, Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

Herman Pinder

12. Name

13. Birthplace

Maryland

14. Maiden name

Edith Chester

15. Birthplace

Dorchester Co. Maryland

16. Informant

Edith Chester

Address

26 Center St. Cambridge

17.

Burial

Date thereof

June 15, 48

(Burial, cremation, or removal, Which?)

Cemetery or crematory

Cambridge

Location

Cambridge RFD 2nd

18. Funeral director

Levin & Company

Address

Cambridge Md

19.

June 15, 1948

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 12, 1948 at 3:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 8, 1948 to June 12, 1948

and that I last saw him alive on

June 12, 1948

Immediate cause of death

Coronary heart failure

DURATION

10 days

Due to

Pericarditis etiology

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

3. SIGNATURE

M. D. or other

Address

Cambridge

Date signed

June 15, 48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 16 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH **Dorchester**
County.....
City or town **Lloyds, P.O. Cambridge, R.F.D.**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **all of life**
Hospital, institution, or street address where death occurred:
Castle Haven Road
How long in hospital or institution? **X X**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State **Maryland** County **Dorchester**
City or town **Lloyds - Cambridge, R.F.D.**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **Castle Haven Road**
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Medford William Cornish

3. (b) Social Security Number

4. Sex **male** 5. Color or race **colored** 6. (a) Single, married, widowed, or divorced **single**
6. (b) Name of husband or wife **X**
7. Birth date of deceased (mo., day, yr.) **1913 mo and day not known**
8. AGE: Years **about 35** Months **xx** Days **xx** If less than one day **hrs. min.**

9. Birthplace **Dorchester County, Md.**
(Town, county, and state)
10. Usual occupation **Laborer**
11. Industry or business **Farm**

FATHER 12. Name **Ernest Cornish**
13. Birthplace **Md.**
MOTHER 14. Maiden name **Mattie Wheatley**
15. Birthplace **Maryland**

16. Informant **Ernest Cornish**
Address **Lloyds - Cambridge, R.F.D.**

17. **Burial** Date thereof **6-28-48**
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory **Beckwith**
Location **Lloyds, Md.**

18. Funeral director **Louis W. Bayne**
Address **Cambridge, Md.**

19. **6-28-48** 19 **John H. Jones Jr**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 26 1948** at **2-30A**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **X X** 19 **X X** 19
and that I last saw him **X** alive on **X X** 19

Immediate cause of death **Shock**
Haemorrhage

Due to **Gunshot wound in**
Abdomen

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **homicide** Date of **June 26/48**

Where did injury occur? **Lloyds - Dor.** **Md.**
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) **at home**

Means of injury **Gunshot** Injured at work? **No**

23. SIGNATURE **John H. Jones Jr**
M. D. or other

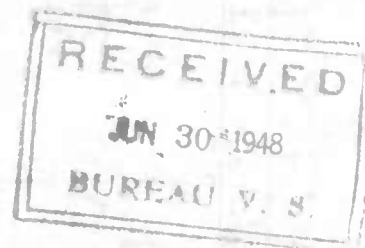
Address **Cambridge, Md.** Date signed **June 26/48**

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6141

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

15 minutes

Hospital, institution, or street address where death occurred:

Cambridge-Maryland Hospital

How long in hospital or institution?

15 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Vienna
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Baby Davidson

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced premature infant

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 13, 1948 6.(c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. 15 min.

9. Birthplace Cambridge, Dorchester, Maryland
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Mr. William Davidson
13. Birthplace Dorchester Co. Maryland

MOTHER 14. Maiden name Miss Isabelle Hughes
15. Birthplace Dorchester, Co., Maryland

16. Informant _____
Address _____

17. burial Date thereof June 14, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Brookview Cem.
Location Charleville near Rhodendale

18. Funeral director Mr. Harry Hughes
Address Vienna

19. 6-14 19 48 John Mace Jr. MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 19 48 at 5:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 19 48 to June 13 19 48 and that I last saw him alive on June 13 19 48

Immediate cause of death _____

Prenataly - 24 weeks pregnancy

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE L. O. Meredith, M.D. M. D. or other _____

Address Cambridge, Maryland Date signed _____

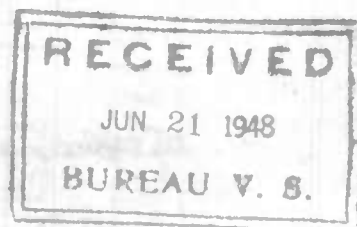
MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12:00 noon
6:44 released



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH
date of death shown on:

2411 N. Charles St., Baltimore

6142

FILM No. G 116 JUN 18 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: *Worcester*
County *Cambridge*
City or town *Cambridge*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution? *6 weeks*

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *Maryland* County *Worcester*
City or town *Craps, Md.*
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME *Clara M. Fohwell*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *married*
6. (b) Name of husband or wife *Henson M. Fohwell*
7. Birth date of deceased (mo., day, yr.) *June 14 - 1920*
8. AGE: Years *27* Months *11* Days *27* If less than one day
hrs. min.

9. Birthplace *Madison*
(Town, county, and state)
10. Usual occupation *Housewife*
11. Industry or business

12. Name *Alvin Mills*
13. Birthplace *Gov. Co.*
14. Maiden name *Susie Braumack*
15. Birthplace *Gov. Co.*

16. Informant *Henson M. Fohwell*
Address *Craps, Md.*

17. *Burial* Date thereof *6-13-48*
(Burial, cremation, or removal) Which? (month) (day) (year)
Cemetery or crematory *Fohwell Family Cemetery*
Location *Craps, Md.*

18. Funeral director *Kenneth B. Thomas*
Address *Cambridge Md.*

19. *June 13 - 1948* *Jan. Mansfield*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 11, 1948* at *11* M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *March 1, 1948* to *June 11, 1948*
and that I last saw him alive on *June 11, 1948*

Immediate cause of death *Myocardial Failure*
Due to *Carcinoma of the uterus*
Due to *Unknown*

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE *Lawrence Maryanov*
Lawrence Maryanov, M.D.
M. D. or other
Address *136 Race Street, Cambridge, Md.* Date signed *6-11-48*

RECEIVED

JUN 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 Years

Hospital, institution, or street address where death occurred:

RFD # 3How long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 3

(If rural, give LOCATION)

2. (a) If veteran, name war - - -

3. (a) FULL NAME

Augusta Grall

3. (b) Social Security Number

- - -

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife August Grall6. (c) If alive, give age - - - years7. Birth date of deceased (mo., day, yr.) August 28, 1867

8. AGE:

Years 80Months 9Days 10

If less than one day

- - - hrs. - - - min.9. Birthplace Germany

(Town, county, and state)

10. Usual occupation Domestic11. Industry or business Home12. Name Not Known13. Birthplace " "14. Maiden name Not Known15. Birthplace " "16. Informant Mrs. W. R. ThomasAddress Cambridge, Maryland17. Burial June 11, 1948
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 11 - 19 48
(Date rec'd by registrar)John Mauer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 19 48, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 22, 19 47 to June 7, 19 48and that I last saw her alive on June 7, 19 48Immediate cause of death Myocarditis Chronic

DURATION

Due to - - -Due to - - -Other conditions Arthritis Rheumatoid 10 years

(Include pregnancy within 3 months of death)

Major findings of operations none- - - Date of op. - - -Autopsy results - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - Date of - - -Where did injury occur? - - -
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) - - -Means of injury - - - Injured at work? - - -23. SIGNATURE Hugh Brown MDCambridge MD N. D. or otherAddress Cambridge MD Date signed 6 10 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Handwritten text, possibly a signature or date, appearing upside down.

Handwritten text, possibly a signature or date, appearing upside down.

Handwritten text, possibly a signature or date, appearing upside down.

RECEIVED
JUN 12 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6144

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Norchester

City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Norchester

City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bessie Turpin Harlow

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Raymond C Harlow

7. Birth date of deceased (mo., day, yr.) April 27 1882 B. (c) If alive, give age _____ years

8. AGE: Years 66 Months 11 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace MD
(Town, county, and state)

10. Usual occupation same

11. Industry or business House work

12. Name Frances T. Harlow

13. Birthplace MD

14. Maiden name Lore Ross Shaketh

15. Birthplace MD

16. Informant Raymond C Harlow

Address Hurlock MD

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 6 1948
(month) (day) (year)

Cemetery or crematory Cemetery

Location Hurlock

18. Funeral director F.B. McLaughlin

Address East New Market

19. June 6 ~ 1948 Registrar Charles Hastings

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 19 48 at 7:10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 48 to June 19 48 and that I last saw him alive on June 3 19 48

Immediate cause of death Congestive Heart Failure DURATION 6 mo.

Due to Coronary occlusion 6 mo.

Due to General Arteriosclerosis 5 yrs +

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Harrison MD

Address Hurlock Md. M. D. or other 6/4/48

Date signed 6/4/48

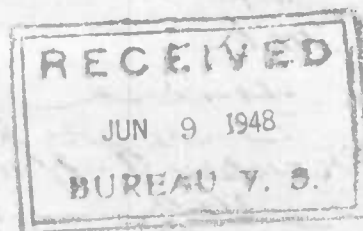
MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

6145

131a

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Year

Months

Days

If less than one day

73

2

9

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. June 6 - 1948

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH

19

at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

RECEIVED

JUN 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6146

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 month, 22 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 1 month, 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Victor Goldsborough Holloway

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single
6.(b) Name of husband or wife _____
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) December 10, 1878
8. AGE: Years 69 Months 6 Days 19 It less than one day _____ hrs. _____ min.

9. Birthplace Salisbury, Md.
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business _____

FATHER 12. Name Joshua J. Holloway
13. Birthplace Salisbury, Md.

MOTHER 14. Maiden name Betty Anne Holloway
15. Birthplace Salisbury, Md.

16. Informant Eastern Shore State Hospital Records
Address Cambridge, Maryland

17. Burial July 1, 1948
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematorium Russell's Cemetery
Location Salisbury, Md.

18. Funeral director W. B. Branscombe
Address Salisbury, Md.

19. (Date rec'd by registrar) 6-29-48 x P John M. M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 19 48 at 2:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 19 48 to June 29 19 48 and that I last saw him alive on June 29 19 48

Immediate cause of death Ne. marriage
Cerebral Hemorrhage

Due to Cerebral Arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Wagon of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branscombe M.D. or other

Address Cambridge, Md. Date signed 6/29/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

462

6147

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:
 County Harford
 City or town East New Market
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Prichester
 City or town East New Market
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(c) If veteran, name war

3. (a) FULL NAME
Minnie C. Hubbard

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 14th 1870 8. (c) If alive, give age years

8. AGE: 78 Years Months Days If less than one day hrs. min.

9. Birthplace MD
 (Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Thomas Holland13. Birthplace MD14. Maiden name Sanson Eggleston15. Birthplace MD16. Informant William G. HubbardAddress East New Market17. Buried Date thereof June 15, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory HomeLocation East New Market18. Funeral director G. B. WilloughbyAddress East New Market19. June 15 19 48 Elizabeth C. Kinch

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 19 48 at 6: P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 JUNE 19 48 to 14 JUNE 19 48 and that I last saw him/her alive on 14 JUNE 19 48

Immediate cause of death

CARCINOMA
(INTESTINAL)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter E. Smith

105 CHURCH ST M. D. or other

Address C.A.M.B.R. DGE M.D. Date signed 14 JUNE 48

RECEIVED

JUN 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6148

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

4 Colemans Alley

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4 Colemans Alley

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Willie Mae Kane

3. (b) Social Security Number

4. Sex

F.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

Married

B. (b) Name of husband or wife

Shepherd Kane6. (c) If alive, give age 50 years

T. Birth date of

deceased (mo., day, yr.) May 10, 1901

8. AGE:

Years

Months

Days

If less than one day

47117

hrs.

min.

9. Birthplace Blakely Georgia

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

none

FATHER

12. Name Will Bonner

MOTHER

13. Birthplace Leary Georgia

14. Maiden name

Frances Bonner

15. Birthplace

Blakely Georgia

16. Informant

Shepherd Kane

Address

4 Colemans Alley

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 9 1948

(month) (day) (year)

Cemetery or crematory

Jacksonville Florida

Location

Jacksonville Florida

18. Funeral director

Lewis H. Bayneum

Address

Cambridge, Md.

19.

(Date rec'd by registrar)

19

July 1, 1948 John H. Bayneum Jr. M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2719 48 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1519 48to June 2619 48

and that I last saw him/her alive on

June 2619 48

Immediate cause of death

Congestive Heart Failure

DURATION

Due to Aortic InsufficiencyDue to Ischemic cardiovascular

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

M. D. or other

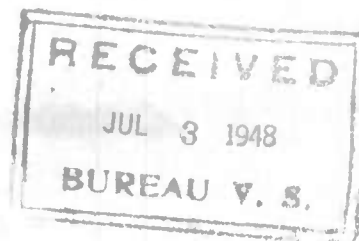
Address

300 MuirDate signed 6-30-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6149

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? One Year

Hospital, institution, or street address where death occurred:

RFD # 1How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 1

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Willie McCollister Manning

3. (b) Social Security Number

- - - - -

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife G. Herman Manning(Died Jan. 27, 1946)6. (c) If alive, give age - - - - - years

7. Birth date of

deceased (mo., day, yr.) Dec. 19, 1889

8. AGE:

Years

58

Months

6

Days

4

It less than one day

- - - - - hrs. - - - - - min.9. Birthplace Sewards, Dor. Co., Maryland

(Town, county, and state)

10. Usual occupation Seamstress11. Industry or business Dressmaking12. Name Samuel A. McCollister13. Birthplace Maryland14. Maiden name Eliza Turner15. Birthplace Maryland16. Informant Mrs. James HurleyAddress Cambridge, Maryland17. Burial Date thereof June 26, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland.18. Funeral director DeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 26, 1948 John M. ...
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 27, 1948 to June 23, 1948and that I last saw him alive on June 22, 1948

Immediate cause of death

Sudden death due to stenosis
of aortic valve
due to atherosclerosis
of the coronary arteries

DURATION

14d.?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - - Date of - - - - -Where did injury occur? - - - - - (City or town) - - - - - (County) - - - - - (State)Injured at home, farm, industry, public place (where?) - - - - -Means of injury - - - - -Injured at work? - - - - -23. SIGNATURE W. ...

M. D. or other

Address Cambridge Date signed June 26, 1948

RECEIVED

JUN 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6150

Reg. Dist. No. 1312 115

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Hoopersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 34 Years

Hospital, institution, or street address where death occurred:

Home-Hoopersville

How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Hoopersville
(If outside city or town limits, write RURAL and give nearest town)Street No. Hoopersville

(If rural, give LOCATION)

2. (a) If veteran, name war - - - - -

3. (a) FULL NAME

Mary Oliver Matthews

3. (b) Social Security Number

- - - - -

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>Married</u>

6. (b) Name of husband or wife Samuel H. Matthews6. (c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) May 20, 1884

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>11</u>	hrs. min.

9. Birthplace Fishing Creek, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name Oliver Tolley13. Birthplace Maryland14. Maiden name Margaret Insley15. Birthplace Maryland16. Informant Mrs. Edna RipponsAddress Hoopersville, Maryland.17. Burial Date thereof July 4, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. July 1, 1948 James W. Meade
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1948 at 10:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 24, 1948 to June 30, 1948and that I last saw him alive on June 30, 1948Immediate cause of death Cardio Renal Vascular DURATION 10 yrsdiseasesDue to Hemiplegia 6 daysOther conditions (Include pregnancy within 3 months of death)Major findings of operations X Date of op XAutopsy results X

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of XWhere did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) XMeans of injury X Injured at work? X23. SIGNATURE James W. Meade, M.D. M. D. or otherAddress Fishing Creek Md Date signed July 1, 1948

RECEIVED

JUL 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Toddsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? - - -

Hospital, institution, or street address where death occurred:

Home-ToddsvilleHow long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Toddsville
(If outside city or town limits, write RURAL and give nearest town)Street No. Toddsville
(If rural, give LOCATION)2. (a) If veteran, name war - - -

3. (a) FULL NAME

Clara Pritchett McNamara

3. (b) Social Security Number

- - -

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife John W. McNamara(Died 2/27/1927)6. (c) If alive, give age - - - years

7. Birth date of

deceased (mo., day, yr.) Jan. 12, 1881

8. AGE:

Years

Months

Days

If less than one day

67424

hrs.

min.

9. Birthplace Bishops Head, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name George Pritchett13. Birthplace Maryland14. Maiden name Jane "Pritchett"15. Birthplace Maryland16. Informant Mr. John E. McNamaraAddress Toddsville, Maryland.17. Burial Date thereof June 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 8, 1948
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1948 at 10:45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 29, 1948 to June 6, 1948and that I last saw her alive on May 29, 1948

Immediate cause of death

Myocardial Failure

DURATION

7 daysDue to MalnutritionUnknownDue to Secondary AnemiaUnknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

Lawrence Maryanov, M.D.

M. D. or other

Address 136 Race Street, Cambridge, Maryland
Date signed

RECEIVED

JUN 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Two Weeks

Hospital, institution, or street address where death occurred:

306 Academy StreetHow long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 1725 N. Charles Street

(If rural, give LOCATION)

2. (a) If veteran, name war - - - - ✓

3. (a) FULL NAME

Hilby Wilson Mills

3. (b) Social Security Number

213-16-64584. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Madeline Stevens6. (c) If alive, give age 58 years7. Birth date of deceased (mo., day, yr.) Oct. 7, 18918. AGE: Years 56 Months 8 Days 5 If less than one day - - - - hrs. - - - - min.9. Birthplace Bishops Head, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business II12. Name Millard A. Mills13. Birthplace Dorchester Co., Md.14. Maiden name Missouri Cannon15. Birthplace Dorchester Co., Md.16. Informant Mrs. Granville CookAddress Cambridge, Maryland17. Burial Date thereof June 15, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 6-16-48 John Macpherson Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1948, at 3:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7, 1947 to June 13, 1948and that I last saw him alive on June 13, 1948Immediate cause of death Myocardial FailureDue to Arteriosclerotic Heart DiseaseDue to UnknownOther conditions Cardio-vascular RenalDecompensation

(Include pregnancy within 3 months of death)

Major findings of operations UnknownAutopsy results Unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - Date of - - - -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) (City or town) (County) (State)

Means of injury - - - - Injured at work? - - - -23. SIGNATURE Lawrence Macpherson M. D. or otherAddress 136 Race Street, Cambridge, Maryland Date signed 6-15-48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6153

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester
City or town.....Cambridge, R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....20 yrs.
Hospital, institution, or street address where death occurred:
Fork Neck
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State.....Maryland.....County.....Dorchester
City or town.....Cambridge, R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.....Fork Neck
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Lavinia Molock

3. (b) Social Security Number

4. Sex.....female
5. Color or race.....colored
6.(a) Single, married, widowed, or divorced.....married
6.(b) Name of husband or wife.....Levin R. Molock
6.(c) If alive, give age.....75 years
7. Birth date of deceased (mo., day, yr.).....1872 - moth & day not known
8. AGE: Years.....76 Months.....X Days.....X If less than one day.....hrs.min.

9. Birthplace.....Dorchester County
(Town, county, and state)
10. Usual occupation.....House work
11. Industry or business.....Home
12. Name.....Levin Woolford
13. Birthplace.....Md.
14. Maiden name.....Charlotte Molock
15. Birthplace.....Md.

16. Informant.....Levin R. Molock
Address.....Cambridge, Md.
17. Burial, cremation, or removal: Which?.....Burial Date thereof.....July 4, 1948
(month) (day) (year)
Cemetery or crematory.....Fork Neck Cemetery
Location.....R. 2. D. Cambridge, Md.
18. Funeral director.....Lewis H. Bayne
Address.....Cambridge, Md.
19. July 1, 1948 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....June 28 1948 at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X 19 to X X 19
and that I last saw h.....alive on X X 19
Immediate cause of death.....known

Cardio-Renal-Vascular Syndrome
DURATION 1 yr.
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:
Accident, suicide, or homicide.....Date of.....
Where did injury occur?.....(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury.....Injured at work?

23. SIGNATURE.....J. B. Shriver, M.D.
M. D. or other
Address.....Cambridge Md.
Date signed.....June 28, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 YearsHospital, institution, or street address where death occurred:
401 Robbins StreetHow long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 401 Robbins Street
(If rural, give LOCATION)2.(a) If veteran, name war - - -

3. (a) FULL NAME

Leota Davenport Moore

3. (b) Social Security Number

- - -4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Orville Moore6. (c) If alive, give age 47 years7. Birth date of deceased (mo., day, yr.) Aug. 17, 19038. AGE: Years 44 Months 10 Days - If less than one day - hrs. - min.9. Birthplace Salem, Dor. Co., Maryland.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name William C. Davenport13. Birthplace Maryland14. Maiden name Carrie "Davenport"15. Birthplace Maryland16. Informant Mr. Orville MooreAddress Cambridge, Maryland17. Burial Date thereof June 20, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 23, 48 John Mason
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 17, 48 at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

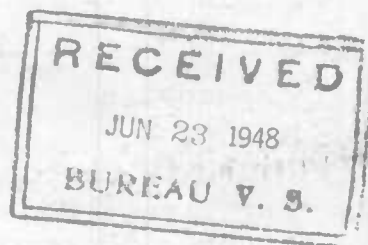
July 23 1948 to June 17 1948
and that I last saw h. ER alive on June 16 1948Immediate cause of death Metastatic adenocarcinoma DURATIONDue to Source Right MammaryDue to BloodOther conditions -

(Include pregnancy within 3 months of death)

Major findings of operations AdenocarcinomaBreast Date of op. July 23, 1948Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following NoAccident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE John Mason M. D. or otherCambridge Md Date signed June 19, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Life correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6155

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? One Month

Hospital, institution, or street address where death occurred:

"Chatteau" RFD # 2How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. "Chatteau" RFD # 2

(If rural, give LOCATION)

2.(a) If veteran, name war - - - -

3. (a) FULL NAME

Argustine A. Newcomb

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Mary A. Fitzhugh6. (c) If alive, give age - - - - years

7. Birth date of

deceased (mo., day, yr.)

Oct. 6, 1889

8. AGE:

Year

Months

Days

If less than one day

58823

..... hr.

..... min.

9. Birthplace Golden Hill, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

Dirt12. Name George Newcomb13. Birthplace Maryland14. Maiden name Mary - - - -15. Birthplace Maryland16. Informant Mrs. William CusickAddress Cambridge, Maryland.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 2, 1948

(month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. July 1, 1948

(Date rec'd by registrar)

Registrar John Mace Jr. M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1948, 10:45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 to 1948and that I last saw him alive on June 29, 1948

Immediate cause of death

DURATION

Chronic Myocarditis 5 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

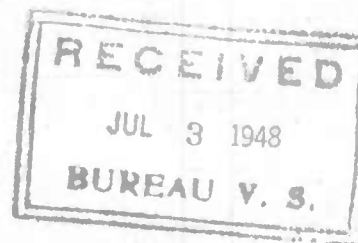
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md. Date signed June 29/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6156

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural Cambridge Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 108 Upton Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3.(a) FULL NAME

Elmer Jackson Phillips

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Radie Bradley Phillips
 6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 4-17-1886
 8. AGE: Years 62 Months 2 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Columbia, Delaware
 (Town, county, and state)

10. Usual occupation Lumber Mill Worker

11. Industry or business

12. Name Isaac Phillips

13. Birthplace Delaware

14. Maiden name Fannie Hearn

15. Birthplace Delaware

16. Informant Eastern Shore State Hosp. Records

Address Rural Cambridge, Maryland

17. Burial Date thereof June 25 1948
 (If by cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Red Men Cemetery

Location Sharptown Md.

18. Funeral director W. C. Hearn & Co. Inc. Salisbury Md.

Address Salisbury Md.

19. June 23-1948 Registrar John Macpherson

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22nd 1948 19____ at 11:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9, 1948 to June 22nd 1948 and that I last saw him alive on June 22nd 1948

Immediate cause of death Cerebral Hemorrhage DURATION 3yrs

Due to Arteriosclerosis 10yrs

Due to Hypertension 15yrs

Other conditions neurosyphilis with psychosis. 8yrs

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

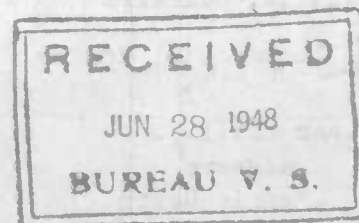
Injured at home, farm, industry, public place (where?) _____

Injured at work? _____

23. SIGNATURE Robert Bertrand May M.D.

Address Eastern Shore State Hosp Date signed 6/22/48

1948-6-22
62-2-5
1886-4-17



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. IN THE CORRECT age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County... Dorchester
 City or town... Rural Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... DorchesterCity or town... Vienna
(If outside city or town limits, write RURAL and give nearest town)Street No... Rural
(If rural, give LOCATION)

2. (a) If veteran, name war...

3. (a) FULL NAME

Robert Richardson

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteWidower6. (b) Name of husband or wife... Bessie Willey7. Birth date of deceased (mo., day, yr.) 6/7/1865 6. (c) If alive, give age... years8. AGE: Years Months Days It less than one day
83 0 15 hrs. min.9. Birthplace... Dorchester County Maryland
(Town, county, and state)10. Usual occupation... Farmer

11. Industry or business

12. Name... John Richardson13. Birthplace... Philadelphia, Pa.14. Maiden name... Georgianna Fisher

15. Birthplace

16. Informant... Eastern Shore State Hosp. RecordsAddress... Rural Cambridge, Maryland17. Burial Date thereof... 6/14/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory... Dorchester Memorial ParkLocation... Cambridge, Maryland18. Funeral director... LeCompte Funeral ServiceAddress... Cambridge, Md.19. 6/24/48 19. 48 Joan Macep md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 22nd 1948 19... at 5:00 p M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 13th 1948 19... to June 22nd 1948
and that I last saw h. in alive on June 22nd 1948 19...Immediate cause of death... Myocardial degeneration

DURATION

10Due to... Atherosclerosis 20Due to... SenilityOther conditions... Cerebral atherosclerosis
with psychosis
(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Robert Bertrand May, MD.
M. D. or other

Address... Date signed...

RECEIVED

JUN 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

6158

1. PLACE OF DEATH:

County Dorchester
 City or town Rural Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Month 5 Days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 1 Month 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Antioch Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Arch Riffin

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Ina Long
 7. Birth date of deceased (mo., day, yr.) 3-10-1881 6. (c) If alive, give age 60 years
 8. AGE: Years 67 Months 3 Days 17 If less than one day
 hrs. min.

9. Birthplace Worcester County Maryland
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Worcester County Maryland

12. Name Joseph Riffin

13. Birthplace Worcester, County Maryland

14. Maiden name Vina Pusey

15. Birthplace Worcester County, Maryland

16. Informant Eastern Shore State Hosp. Records

Address Rural Cambridge Maryland

17. (Burial, cremation, or removal. Which?) Burial Date thereof 6/25/48
 (month) (day) (year)

Cemetery or crematory Perryman's Cemetery

Location Princess Anne, Md.

18. Funeral director Walter Washburn

Address Princess Anne

19. June 23, 48 John M. Mays, MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22nd 1948 19 48, at 7:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18th 1948 19 48 to June 22 19 48

and that I last saw him alive on June 22nd 1948 19 48

Immediate cause of death Arteriosclerosis 18 yrs

Due to Hypertension 10

Due to Senility

Other conditions Arteriosclerosis with psychosis
 (Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

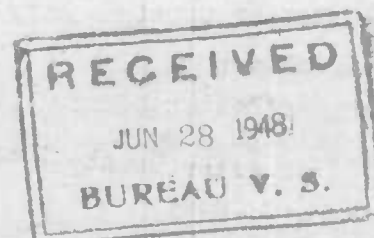
Means of injury Injured at work?

23. SIGNATURE Robert Bertrand Mays, MD
 M. D. or other

Address

Date signed

1948-6-27
67-3-17
1981-3-10



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Home-RFD # 3
How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. RFD # 3
(If rural, give LOCATION)
2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

L. Haddaway Seward

3. (b) Social Security Number

- - - - -

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Mary J. Bell (10/28/1942)
Margarite Stewart 6.(c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) May 17, 1874
8. AGE: Years 74 Months - Days 15 If less than one day - hrs. - min.

9. Birthplace RFD # 3, Cambridge, Maryland
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Dirt
12. Name Levin J. Seward
13. Birthplace Maryland
14. Maiden name Sarah C. James
15. Birthplace Maryland

16. Informant Mrs. Margaret Seward
Address RFD # 3, Cambridge, Maryland.
17. Burial Date thereof June 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greenlawn Cemetery
Location Cambridge, Maryland
18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. June 8, 1948 John M. M. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1948 at 9:15P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-16 1948 to June 2 1948
and that I last saw him alive on June 2 1948
Immediate cause of death Myocardial failure
Toxic Myocarditis
Due to Gangrene (arteriosclerotic)
Left lower extremities
Other conditions - - - - -
(Include pregnancy within 3 months of death)

Major findings of operations - - - - - Date of op. - - - - -

Autopsy results - - - - -
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide - - - - - Date of - - - - -
Where did injury occur? - - - - - (City or town) - - - - - (County) - - - - - (State)
Injured at home, farm, industry, public place (where?) - - - - -
Means of injury - - - - - Injured at work? - - - - -
23. SIGNATURE [Signature] M. D. or other - - - - -
Address Cambridge, Md Date signed 6/5/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(if outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 Years
Hospital, institution, or street address where death occurred:
405 Academy St.
How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(if outside city or town limits, write RURAL and give nearest town)
Street No. 405 Academy St.
(If rural, give LOCATION)
2.(a) If veteran, name war - - - -

3. (a) FULL NAME
Ann Emily Sherman

3. (b) Social Security Number
- - - -

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Benjamin F. Sherman
(Died 5/10/1908)

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1852 6. (c) If alive, give age - years

8. AGE: Years 96 Months 4 Days 27 If less than one day - hrs. - min.

9. Birthplace Friendship, Caroline Co., Md.
(Town, county, and state)

10. Usual occupation - - - -

11. Industry or business - - - -

12. Name Not Known

13. Birthplace " "

14. Maiden name Not Known

15. Birthplace " "

16. Informant Mrs. Nellie E. Moore,

Address Norristown, Penna.

17. Burial Burial Date thereof June 3, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 6-3- 19 48 John Maca...
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 19 48 at 3:05 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-29-47 to 5-31-48 and that I last saw her alive on 5-31-48 19 48

Immediate cause of death Myocardial Failure DURATION 1 day

Due to Arteriosclerotic Heart Disease Unknown

Due to - - - -

Other conditions Arteriosclerotic Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None Made Date of op. - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - Date of - - - -

Where did injury occur? - - - - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) - - - -

Means of injury - - - - Injured at work? - - - -

23. SIGNATURE Lawrence Maryanov, M.D. M. D. or other - - - -

Address 136 Race Street Date signed 6-2-48
Cambridge, Md.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6161

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all of life
Hospital, institution, or street address where death occurred:
111 Oakley St.
How long in hospital or institution? X X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 111 Oakley St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Mattie Mitchel Skinner

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
6. (b) Name of husband or wife E.M. Skinner (deceased)
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) May 25, 1875
8. AGE: Years 73 Months 0 Days 13 It less than one day X hrs. _____ min.

9. Birthplace Cambridge, Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Housekeeping
12. Name William M. Mitchell
13. Birthplace Maryland
14. Maiden name Mary Emily Spedden
15. Birthplace Maryland

16. Informant E.M. Skinner, Jr.
Address 111 Oakley St. Cambridge, Md.
17. Burial Date thereof June 10, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Christ Church Cemetery
Location Cambridge, Maryland
18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. June 10 1948 John Macpherson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948 at 3A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X _____ 19____ to X X _____ 19____
and that I last saw him X alive on X X _____ 19____

Immediate cause of death Disease of Coronary Arteries
DURATION died suddenly
Due to X

Due to X
Other conditions X
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE Dr. K. Shriver Dep. Med. Exam.
M. D. or other _____
Address Cambridge, Md. Date signed June 8/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
birth date shown on:

FHM No. G 116 JUL 14 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all his life
Hospital, institution, or street address where death occurred:
Cambridge and Hopkins
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Joseph Todd (Todd)

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife dead

7. Birth date of deceased (mo., day, yr.) avg 16, 1873-1878 6.(c) If alive, give age _____ years
8. AGE: Years 44 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Dorchester
(Town, county, and state)

10. Usual occupation farmer

11. Industry none

12. Name Penelope Todd

13. Birthplace md

14. Maiden name Lillian

15. Birthplace md

16. Informant William Todd

Address Church Creek

17. Lineer Road Date thereof June 19 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Stabed
Location Church Creek

18. Funeral director Lewis H. Barnett

Address Cambridge md

19. 6-19-48 19 48 John Mason md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 JUNE 19 48 at 2:29 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 JUNE 19 48 to 16 JUNE 19 48
and that I last saw him alive on 15 JUNE 19 48

Immediate cause of death HEART FAILURE DURATION
CARDIAC DECOMPENSATION

Due to _____

Due to _____

Other conditions RENAL INSUFFICIENCY
FORMER RT HEMIPLEGIA
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John E. Hunt

Address 105 CHURCH ST. CAMBRIDGE MD Date signed 17 JUNE

Handwritten: [illegible]

RECEIVED

JUN 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....East New Market Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Dorchester County.....Dorchester
 City or town.....East New Market Md
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

John William Townsend

3. (b) Social Security Number

4. Sex.....Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Widowed

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....May 14, 1868 6.(c) If alive, give age..... years

8. AGE: Years.....80 Months.....- Days.....26 If less than one day..... hrs. min.

9. Birthplace.....Caroline Co. Md
 (Town, county, and state)

10. Usual occupation.....Retired worker

11. Industry or business.....

12. Name.....William Townsend13. Birthplace.....Dorchester14. Maiden name.....Robert Brown15. Birthplace.....Dorchester16. Informant.....John William TownsendAddress.....East New Market Md

17. Burial Date thereof.....6/19/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory.....DorchesterLocation.....East New Market Md18. Funeral director.....H. D. WalbridgeAddress.....East New Market

19. June 8 19 48 Elizabeth C. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....June 6 19 48 at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 19 48 to..... 19.....
 and that I last saw him alive on June 5 19 48

Immediate cause of death.....Heart disease voluntary DURATION.....Several
years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....H. D. Brown M.D.

Address.....East New Market M. D. or other.....
 Date signed 6/7/48

RECEIVED

JUN 14 1948

BUREAU V. S.

Handwritten signature

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

6164

94a

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years
 Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 98 Park Lane
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Hestertha Teramies

3. (b) Social Security Number

4. Sex female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
 6. (b) Name of husband or wife William Teramies
 6. (c) If alive, give age 49 years
 7. Birth date of deceased (mo., day, yr.) May 9, 1881
 8. AGE: Years 64 Months 0 Days 22 If less than one day hrs. min.

9. Birthplace East New Market
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business none

12. Name William Jones
 13. Birthplace Ind
 14. Maiden name William Am Jenkins
 15. Birthplace Ind

16. Informant Elizabeth Sudder
 Address Cambridge Ind
 17. Wright Date thereof June 6, 1948
 (Burial, cremation or removal, Which?) (month) (day) (year)
 Cemetery or crematory Wright Cemetery
 Location Cambridge

18. Funeral director Sam H. Banzon
 Address

19. June 6, 1948
 (Date rec'd by registrar) Registrar John M. [unclear]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1948 at 10:45 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19, 1948 to June 1, 1948
 and that I last saw him alive on June 1, 1948
 Immediate cause of death

Coronary Thrombosis
Coronary Heart Disease
with hypertension
 DURATION 1 hr.
 Other conditions

(Include pregnancy within 3 months of death)

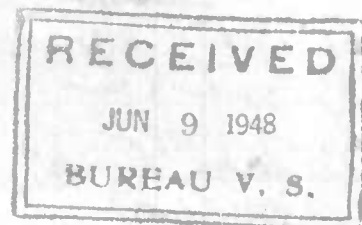
Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Alfred E. Zunker M.D.
 Address Cambridge Ind Date signed 6-4-48
 M. D. or other

5-31
1948-8-X
67-5-9
1881-0-22



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 113

1. PLACE OF DEATH: Dorchester
County.....
City or town..... Robbins
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
At Shorter's Wharf nr Robbins
How long in hospital or institution? X X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Dorchester
City or town..... Hurlock
(If outside city or town limits, write RURAL and give nearest town)
Street No..... Main St.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Hiram Daniel Wheatley

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife..... Lorraine M. Wheatley
6.(c) If alive, give age..... 32 years
7. Birth date of deceased (mo., day, yr.) July 16- 1909
8. AGE: Years Months Days It less than one day
38 11 8 hrs. min.

9. Birthplace..... Maryland
(Town, county, and state)
10. Usual occupation..... Truck Driver
Hauling
11. Industry or business
12. Name..... Winfield Wheatley
13. Birthplace..... Dorchester Co. Md.
14. Maiden name..... Elsie Jones
15. Birthplace..... Maryland

16. Informant.....
Address.....
17. BURIAL Date thereof..... June 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory..... SHARPTOWN CEMETERY
Location..... SHARPTOWN, MARYLAND
18. Funeral director..... LECOMPT'S FUNERAL SER.
Address..... CAMBRIDGE, MD.

19. June 21 19 48 Joan M. [Signature]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 18 19 48 at about 11-40 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X 19 X X to X X 19
and that I last saw h..... alive on X X 19

Immediate cause of death..... Drowning (Accidental)

Due to..... Caught in cab of truck which broke through the bridge nr Robbins
Due to..... over Blackwater River

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... accident Date of..... June 18/48
Where did injury occur? Robbins Dor. Maryland
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Public road
Means of injury drowning Injured at work? yes

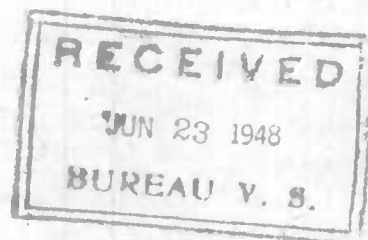
23. SIGNATURE..... J. H. Shivers, Dep. Md. Exam.
M. D. or other
Address..... Cambridge, Md. Date signed..... June 18/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: **Dorchester**
 County.....
 City or town **rural near Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **2 years, 25 days**
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? **2 years, 25 days**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Dorchester**
 City or town **Jacktown, R.F.D. #2, Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME **Margaret Elizabeth Wolfe**

3. (b) Social Security Number

4. Sex **Female** 5. Color or race **white** 6. (a) Single, married, widowed, or divorced **widowed**

6. (b) Name of husband or wife **Abraham Wolfe**

7. Birth date of deceased (mo., day, yr.) **April 22, 1874** 6. (c) If alive, give age..... years

8. AGE: Years **74** Months **1** Days **26** If less than one day..... hrs. min.

9. Birthplace **Taylor's Island, Dorchester Co., Md.**
 (Town, county, and state)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **James E. Wallace**

13. Birthplace **Crapo, Maryland**

14. Maiden name **Georgeanna Phillips**

15. Birthplace **Hoopers Island, Maryland**

16. Informant **Eastern Shore State Hospital records**

Address **Cambridge, Maryland**

17. Burial **Burial** Date thereof **6-21-48**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Brick Church Cemetery**

Location **Taylor's Island, Maryland**

18. Funeral director **LeCompte Funeral Service**

Address **Cambridge, Maryland**

19. **June 20, 48** **John M. May, M.D.**
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 18** 19 **48** at **9:02 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **August 1** 19 **47** to **June 18** 19 **48**
 and that I last saw h..... alive on **June 18** 19 **48**

Immediate cause of death **Chronic myocarditis and myocardial degeneration,** DURATION **more than 2 years**

Due to **Arteriosclerosis**

Due to **Senility**

Other conditions **Senile Psychosis, simple deterioration** 12 years
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Robert Bertrand May, M.D.

23. SIGNATURE **Robert Bertrand May, M.D.** M.D. or other
 Address **Eastern Shore State Hospital**
Cambridge, Maryland Date signed **6-18-48**

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 23 1948

BUREAU V. S.